8300 Greensboro Dr. **Suite 1200** Tysons, VA 22102

(703) 584-8678 WWW.FCCLAW.COM



June 29, 2018

Accepted / Filed

VIA HAND DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W., Room TW-A306 DOCKET FILE COPY ORIGINAL Workington DC 20554 Washington, DC 20554

JUN 292018

Federal Communications Commission Office of the Secretary

Re: WT Docket No. 10-208

Central Louisiana Cellular, LLC

FCC Form 690 Mobility Fund Phase I Annual Report

SAC(s): 278002, 278003, 278004, 278005, 278006, 278007, 278008, 278009, 278011, 278012, 278013, 278014, 278015, 278016, 278017,

278018, 278019, 278020, 278021, 278022, and 278023

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by Central Louisiana, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,

Todd Slamowitz

Attachments

No. of Copies rec'd List ABCDE

1	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	278009	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Accepted / Filed
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	JUN 292018
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Federal Communications Commission Office of the Secretary
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>vi</u> <040>
	<041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Fo		<041>
<080>		rer tribal lands? Yes or No)	0 0

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

			Page 2 of 8
		278009	<u></u>
<010>	Study Area Code	Central Louisiana Cellular, LLC	
<015>	Study Area Name	2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding the		
<035>	Contact Telephone Number - Number of person identifie		
<039>	Contact Email Address - Email Address of person identifie	d in data line <030> cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>		20165583	
<111>		Central Louisiana Cellular, LLC	
<112>	•	Central Louisiana Cellular, LLC	
<113>	.	900 West Valley Road, Suite 600	
	, ,	Wayne	
<114>	City		
<115>	State	PA	
<116>		19087	
<117>	Telephone Number	6105356474 ext.	
<118>	Fax Number	6106885209	
<119>	Email Address	cstrausbaugh@cellonenation.com	
<120> <121> <122> <122> <122> <123> <124>	Filing Carrier Name Street Address (or PO Box) City	Chad Strausbaugh Central Louisiana Cellular, LLC 200 West Valley Road Suite 600 Wayne	
<125>		19087	
<126>	Telephone Number	6105356474 ext.	
	· · · · · · · · · · · · · · · · · · ·		
<127>	Fax Number	6106885209	
<128>	Email Address	cstrausbaugh@cellonenation.com	
Authorize	ed Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>			
<132>	Street Address (or PO Box)		
<133>	· · · · ·		
	·		
<134>			
<135>			
<136>	·		
<137>	Fax Number		
<138>	Email Address		

(060) Cov	erage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278009	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

278009_CPRd_LA.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County			Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	, ,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
						-		1		
	<u> </u>				<u>ee attach</u>	<u>ea worksi</u>	neet			
	L			L	L					

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

	(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	278009
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or E	mployee as to Compliance with 47 CFR §54.1	009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.							
Name of Reporting Carrier: Cent	ral Louisiana Cellular, Ll	LC					
ignature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018				
rinted name of Authorized Officer:	Chad Strausbaugh						
itle or position of Authorized Officer:	Staff Counsel						
elephone number of Authorized Officer:	6105356474 ext.						
tudy Area Code of Reporting Carrier:	278009	Filing Due Date for this form: 07/02/20	18				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring com authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee:	
Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee:	
Name of Reporting Carrier: Signature of Authorized Officer or Employee:	
Signature of Authorized Officer or Employee:	
Drived and of A. theriand Office on Fundament	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due Date for this form:	

Certification of Agent Authori	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
Name of Reporting Carrier:	Anowieuge, the miormation reported herein is accurate.
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278009	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	s data	Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified		6105356474 ext.	
- 10332	Contact Email Address - Email Address of person identified	in data line <0302	cstrausbauqh@cellonenation.com	
<142>	State			
		-		
<143>	County			

<144>	Tribal Land(s) on which ETC Serves			
	-			
	_			 _
<145>	Tribal Government Engagement Obligation			
	Name of Attached Docume		ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No,			
	each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trib			
	government pursuant to § 54.1004 includes:	io.		
		F		
		9	Select	
<146>	Needs assessment and doubt asset along the will of		, No, Not Applicable)	
\140 >	Needs assessment and deployment planning with a focus community anchor institutions;	on Iribal		
<147>	•			
<147>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	 		
<149>		<u> </u>		
	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes	-		
<153>	Compliance with Cultural Preservation review processes			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	278009 Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	58100.00
<203>	Total Mobility Fund Support Disbursed	57699.11
		<u> </u>
<210>	Actual Completion Date	07/13/2015
		278009_PSD_LA.pdf
<211>	Project Status Description (attached)	270005_EB5_LR.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	1
<214>	Status of Network Deployment - Deployment	- /
<215>	Status of Network Deployment - Maintenance	7
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3G

•

	원 2일 같이 많은 나는 당신하는 이 소리는 📗
(101) Certification - Reporting Carrier FCC Form 690	
((101) Celulication - veboring carrier	de Difference e de Militaria de la composición dela composición de la composición de la composición dela composición del composición del composición de la composición del composición
I area	선생님이 되었다.
Approved by OMB	영향이 보셨습니다. 그런 그렇게 되는
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OMB Control No.	3060-1185
Page 7 of 8	Charles to the law on the SALVE

<010>	Study Area Code	278009
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include of pest of my knowledge, the information reported on this form and in any attachr	ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Central Louisiana Cellular, LLC	iens is accorde.
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278009	Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	FCC Form 690
(102) Certification - Agent / Carrier	FCC FORM 050
Mana Certification Agent, contra	
	Approved by OMB
	0110 0 1 1 11 2000 1100
1	OMB Control No. 3060-1185
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	Page 8 of 8
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Aut	horized to File for Mobility Fund Recipients on Behalf of R	Reporting Carrier
, as agent for the reporting carrier, certify that I am at reported herein based on data provided by the reporti	rthorized to submit the reports for Mobility Fund recipients on behing carrier; and, to the best of my knowledge, the information repo	alf of the reporting carrier; I have provided the data rted herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Ag	gent	
Telephone number of Authorized Agent or Employee o	f Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	rm can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

			Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278009
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Road Miles Resident Total Resident Performacne Population Population **Road Miles** per Census covered per Resident data is uploaded Newly Reached Reached by per Census **Block Newly** Census Block Population per (yes/no) Census Block by Service Reached Block Census Block Service State County Rapides 0000 0.0 Yes 0 LA 0 0.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278009

County/State: Rapides, LA

Total Award Amount: \$58,100.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

I	Fund §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	278011		Accepted / Filed
<015>	Study Area Name	Central Louisiana Cellular, LLC		
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<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
5.89000000000000000000000000000000000000				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area covered)	er tribal lands? Yes or No)	0	•

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OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

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<039>	Contact Email Address - Email Address of person ident	ified in data line <030>	cstrausbauch@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana (Cellular, LLC	
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)	Central Louisiana (
		900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
<120> <121> <122> <122> <123> <124>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State	Chad Strausbaugh Central Louisiana C 900 West Valley Roa Wayne PA		
<125>	Zip-Code	19087		······························
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
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<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company		·	
<132>	Street Address (or PO Box)			
<133>	City			
<134>	·			
	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	·······		
<138>	Email Address			

	Was # C84
	FCC Form 690
(060) Coverage and Performance Report	
(400)	그들은 얼마나 나는 것은 이 생각이 있다면 없는 것 같아. 아름은 이 생각이 가지 않는 것이 없는 것이 없는 것이 없다면 하는 것이다.
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	사람이 하는 경우 가장 아이들이 가장 하는 것이 되었다. 그 그 사람이 되었다면 하는 것이 없는 것이 없다.
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	25분 15일 전 15일 및 15일 25일 전 15일 보험이 없이 되었다. 그리고 있다면 하는 모이고 모이고 있다.
	그렇지 하는데, 그 회사들은 요즘 아이지 않면 그렇게 하는 그를 하는데 하는데 하게 되어 있다. 이번에 나를
	Page 3 of 8

<010>	Study Area Code	278011
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<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	278011_CPRd_LA.zip
Coverage and Performace attachments	

11>	<a1></a1>	<a2></a2>	<93>	 61>	 cb2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(See attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total Road Miles covered	
Population Reached by Service		by Service	

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(OZO) University Comparability Cartification Compliance FCC Form 690	
(070) Urban Rate Comparability Certification Compliance FCC Form 690	
MANN ALDER CORRESPONDED CORRESPONDED	
Approved by C	IMH
Tre	
	2018 (C. 148) 20 (150) 320 (C. 14) 44
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Page 4 of 8	
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Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	278011	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

cortify that (Name of Agent)	ze an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting
arrier. I also certify that I am an officer or employee of the rep	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
gnature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
tle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be p	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment inder Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authodata provided by the reporting carrier; and, to the best of	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ag	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Telephone number of Authorized Agent or Employee of Ag Study Area Code of Reporting Carrier:	

)80) Triba	al Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
		278011	
<010>	Study Area Code	Central Louisiana Cellular, LLC	
<015>	Study Area Name		
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0	Chad Strausbaugh	
<035>	Contact Email Address - Email Address of person identified in data line <	030> 6105356474 ext.	-
<039> <142>	State	030> cstrausbaugh@cellonenation.com	
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation Name of Attached	f Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not Applicate each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	ole) for	

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project I	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278011
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	74580.00
<203>	Total Mobility Fund Support Disbursed	73901.32
<210> <211>	Actual Completion Date Project Status Description (attached)	07/08/2015 278011_PSD_LA.pdf
		{Name of PDF attached}
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	✓ ✓ ✓ ✓ ✓
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

FCC Form 690
rectoring of
(101) Certification - Reporting Carrier
Approved by OMB
Applica of Control of
OMB Control No. 3060-1185
Page 7 of 8

<010>	Study Area Code	278011
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the				
certify that I am an officer of the repor pest of my knowledge, the information	ting carrier; my responsibilities incli reported on this form and in any att	tachments is accurate.		
	al Louisiana Cellular, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2018		
Printed name of Authorized Officer:	Chad Strausbaugh			
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Office	r: 6105356474 ext.			
Study Area Code of Reporting Carrier:	278011	Filing Due Date for this form: 07/02/2018		

06/28/2018 Page 7

FCC Form 690	
(102) Certification - Agent / Carrier	
Approved by ON	
OMB Control No	
Page 8 of 8	

<010>	Study Area Code	278011
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the repor also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authoriz agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	ent	
Telephone number of Authorized Agent or Employee of		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	m can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	.934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

	coo
	CC Form 690
(060) Coverage and Performance Report	
	Approved by OMB
	MB Control No. 3060-1185

<010>	Study Area Code	278011
<015>		Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data file 3000	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

ate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
A	Rapides	0000	0	0	0	0.0	0.0	0.0	Yes
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	-								

Percentage of
Total Population
Reached by
Service

<141>

	_	 _	 _
0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278011

County/State: Rapides, LA

Total Award Amount: \$74,580.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility	Fund		Approved by OMB
Phase 1	- §54.1009 Annual Reporting		OMB 3060-1185
Data Col	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	278012	
<015>	Study Area Name	Central Louisiana Cellular, LLC	Accepted / Filed
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
			(1)
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>1)</u> <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting {y/n?} (Does this study area cov	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278012	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person ident	ified in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	Cellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana C	Cellular, LLC	
<113>	Street Address (or PO Box)	900 West Valley Roa		
<114>		Wayne		· · ·
	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
Contact Ir	<u>nformation</u>	1		
	if same as above, indicate in this box]		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana C	ellular, LLC	
<122>	Street Address (or PO Box)	900 West Valley Roa	d. Suite 600	
<123>	City	Wayne	· ·	
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number			
<127>	Fax Number	6105356474 ext.		
		6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
Authorize	d Agent Information	1		
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	· · · · · · · · · · · · · · · · · · ·		
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
	·			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	5
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<010>	Study Area Code	278012
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	278012_CPRd_LA.zip
Coverage and Performace attachments	

<a3> <b1> <b2> <b3> <c3> <a2> <c1> <c2> <d> <141> <a1> Total Road Certify that Road Miles per Miles Coverage and Road Total Resident Miles Census covered Performance data Resident Population is uploaded Population per Block per Resident (Yes/no) Population per Newly Reached Reached by Census Newly Census Reached Block Service Block by Service State County Census Block Census Block -- See attached worksheet

1	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	<u></u>

Secretary and the secretary of the secretary and		To array to the contract of th	A CONTRACT OF THE PARTY OF THE
(070) Urban Rate Comparability	/ Certification Compliance		FCC Form 690
			선 이렇지까지 않게 뭐 하지 않는데 뭐라면 하게 됐어요? 그는 그 모든 사이는
			Approved by OMB
			Approved by ONID
		아이들 마음 수 있는 아니라 아니는 이 그는 아이들은 아니는 아니는 아니는 사람들이 되었다.	(1) 20 kg/Herr (1) 전 4 Herr (1) 역동 (1) 10 kg/Herr (1) (1) 10 kg/Herr (1) 10 kg/Herr (1) 10 kg/Herr (1) 10 kg/Herr (1)
			OMB Control No. 3060-1185
		선물이 하는 것이 가게 보이면 하지 않는 것은 사람들이 얼굴을 받는데 되었다.	OWN CONTROL 1407 3000 1103
			[영급: 60일 : 10일 : 1일 : 20일 : 10일 : 10
			Page 4 of 8

•	<010>	Study Area Code	278012
_	<015>	Study Area Name	Central Louisiana Cellular, LLC
~	<020>	Program Year	2018
_	<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
_	<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
_	<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or Emp	loyee as to Compliance with 47 CFR §54.1009	a)(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		1 to 10 to 1
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278012	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the repo	rting
carrier. I also certify that I am an officer or employee of the	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported	o the
authorized agent; and, to the best of my knowledge, the rep	ts and data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer or Employee:	Date:	
Printed name of Authorized Officer or Employee:		
Title or position of Authorized Officer or Employee:		
Telephone number of Authorized Officer or Employee:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can b	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonmer under Title 18 of the United States Code, 18 U.S.C. § 1001.	t

, as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carri	er; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	knowledge, the information reported herein is accurate.	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:	·	
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Agen	:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

)80) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278012	
<015>	Study Area Name		Central Louisiana Cellula	r, LLC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039> <142>	Contact Email Address - Email Address of person identif	ied in data line	<pre><030> cstrausbauqh@cellonenation</pre>	2.com
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, 1 each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	ble) for	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal	Select (Yes, No, Not Applicable)	
	Feasibility and sustainability planning;			
<147>				
	Marketing services in a culturally sensitive manner		<u> </u>	
<148>	Marketing services in a culturally sensitive manner;			
<147> <148> <149>	Compliance with Rights of way processes			
<148> <149>				
<148> <149> <150>	Compliance with Rights of way processes			
<148>	Compliance with Rights of way processes Compliance with Land Use permitting requirements			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	t Update Information	FCC Form 690
		Approved by OMB OMB Control No. 3060-1185
100		Page 6 of 8
4010s	Church Aven Code	
<010>	Study Area Code	278012
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	27852.00
<203>	Total Mobility Fund Support Disbursed	26882.75
<210>	Actual Completion Date	07/02/2015
<211>	Project Status Description (attached)	278012_PSD_LA.pdf
	Place should be solded at the state of the s	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
-242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	<u>✓</u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G
10-	Titting in appoint 30/ 10 mobile octated :) 3G () 4G

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(101) Certification - Reporting Carrier	FCC Form 690	
	Approved by OMB	
	OMB Control No. 3060-1185	5
	Page 7 of 8	1.22

<010>	Study Area Code	278012
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Centra	l Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278012	Filing Due Date for this form:	07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690	
(102) Certification - Agent / Carrier FCC Form 690	を大きる Windows
	26 C 27 St. 1 C 27 St. 10 C 1
Approved by OMB	
OMB Control No. 3060-1	185
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Page 8 of 8	
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<010>	Study Area Code	278012
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrie also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Date:		
Filing Due Date for this form:		

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier	
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:			
Fitle or position of Authorized Agent or Employee of Agent	t		
	gent:		
Telephone number of Authorized Agent or Employee of Ag			

Attachments

																			e			

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278012
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b3> <b3> <c1> <c2> <c3> <d> Certify that Total Road Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Population Resident Road Miles per Census covered per data is uploaded Block Newly Population per **Newly Reached** Reached by per Census Census Block (yes/no) Census Block Census Block by Service County Rapides Reached State Service Block 0000 LΑ 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278012

County/State: Rapides, LA

Total Award Amount: \$27,852.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	278013	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Accepted / Filed
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	JUN 2 9 2018
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Federal Communications Commission Office of the Secretary
1921 - PW 3			
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		<u>/N)</u> <040>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278013	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person iden Contact Email Address - Email Address of person ider		6105356474 ext.	
	Carrier / Mobility Fund Phase 1 Winning Bidder	icined in data line <0502	cstrausbauqh@cellonenation.com	
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana	Cellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana		
<113>	Street Address (or PO Box)	900 West Valley Roa		
<114>	City	Wayne	ad, bare out	
<115>	State			
<116>	Zip-Code	PA		
<117>	Telephone Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
11137	Lineil Address	cstrausbaugh@cellor	nenation.com	
Contact Ir	if same as above, indicate in this box			
	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana C	Cellular, LLC	
<122>	Street Address (or PO Box)	900 West Valley Roa	d. Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	menation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box ✓]		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State		084 to 1 - 1 - 1	
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278013	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	· · · · · · · · · · · · · · · · · · ·
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	Coverage and Performace attachments	LA.zip	

						<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
	 	-							
<u> </u>	 	+				<u> </u>			
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			0				0		
		age of Total n Reached by			Percentage c	of Total			

(070) Urban Rate Comparability Certific	ation Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 4 of 8

<010>	Study Area Code	278013
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	onsibilities include ensuring compliance with 47 CFR §54.1009(a)	(4), the information reported on this
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI	c	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278013	Filing Due Date for this form: 07/02/2018	
		fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 5 8 of the United States Code, 18 U.S.C. § 1001.	02, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Signature of Authorized Officer or Employee: Date: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	nce with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	(7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,
Name of Reporting Carrier: Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	Date:
Talanta and CA day 1000	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278013	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	· · · · · · · · · · · · · · · · · · ·
<030>	Contact Name - Person USAC should contact regarding the	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	- 4.21.0.0.
<142> <143>	State County			
<144> <145>	Tribal Land(s) on which ETC Serves - Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(res, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278013
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/08/2015
<202>	Total Mobility Fund Support Awarded	29664.00
<203>	Total Mobility Fund Support Disbursed	23593.27
<210>	Actual Completion Date	06/10/2015
<211>	Project Status Description (attached)	278013_PSD_LA.pdf
	Please the lather than 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Network Design	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	- '-
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278013
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisiana Cellular, Li	LC			
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 278013	Filing Due Date for this form: 07/02/2018			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier		
HIVE LETITICATION - Agent / Carrier		FCC Form 690
		FCC FULL 030
	그 생생하는 아이들은 동안 이번 사람이 아름다고 있는 점점 하셨습니다. 그런 사람이 하지 않는데 것 같은 사람이 그렇게 살아갔다.	등 시계 회장 하는 하기 있다. 한다는 항상에 가는 등 가슴 맛이 되었다고 있다면 되었다. 중요한다는 사람들이 가지 않다고 있다.
		ALLEGIAL ALLEGATOR
	사람이 얼마나 하나 그렇는 사람들이 가는 사람들이 가장 하는 것이 되는 것은 것이 하는 것이 없다.	Approved by OMB
	상태의 중소점 생물에 하면 가득하면 살았다는 생물과 중심한 마다 그 얼마나는 이 중요 하는데 이 집에 하나 나라는데 그	가는 살이 뭐 이 중요한 집에 살아 없다면 사람들이 하는 사람들이 가장하는 것은 것이 되었다.
	보습니다. 아니는 마음이 가는 사람들은 사람들이 되는 것이 되었다. 그는 사람들이 가장 하는 사람들이 되었다. 그는 사람들이 가장 보다는 것이 되었다. 그 사람들이 가장 다른 사람들이 되었다.	Assa San San San San San San San San San Sa
	존영하다 시계를 잃어 들었다. 중심한 경험 보고 성급하게 소개하는 것이 있어 있어 있어 다른 사람들이 어디지 하지 않는데 그렇게 되었다.	OMB Control No. 3060-1185
	선생님이는 경우를 즐기면 하게 된다면 하다 것을 보면 하면 하는데 하는 것이 모든 경기를 되지 않는 것이다. 점점 이 없는 것이다.	
	[1886] [1886] [1886] 프랑스 프로그램 (1886) [1886] [1886] [1886] [1886] [1886] [1886] [1886] [1886] [1886] [1886] [18	[19] [19] [19] [19] [19] [19] [19] [19]
		Page 8 of 8

<010>	Study Area Code	278013
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier onsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized rovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of R	Reporting Carrier
	norized to submit the reports for Mobility Fund recipients on behing a carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Ager	nt	
elephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	

Attachments

Coverage and Performance		
	FCC Form 690	
	Approved by OMB	
	OMB Control No. 3060-11	

<010>	Study Area Code	278013
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<c3> <d>> Certify that **Total Road** Coverage and Resident Total Resident Road Miles Miles Resident Population per Census Performacne Population Road Miles covered per data is uploaded Population per Newly Reached Reached by per Census **Block Newly** Census Block County Sabine State Census Block Census Block by Service (yes/no) Service Reached Block 0000 LΑ 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

<141>

_	 _	
0		

Percentage of Total Road Miles covered by Service

0			
U			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278013

County/State: Sabine, LA

Total Award Amount: \$29,664.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	ed			FCC Form
Mobility	- Fund - §54.1009 Annual Reporting			Approved by OMB OMB 3060-1185
ľ	lection Form		Avg. Burden Esti	mate per Respondent: 18 Hours
<010>	Study Area Code	278014		
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2018		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	F	ederal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		· · · · · ·
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>N)</u> <040> ()
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover	er tribal lands? Yes or No)	\circ)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.